



2009 Spring Break Camp Registration

Child's Name _____ ☐ Boy or ☐ Girl
Camp Location: ☐ Clay Madsen Recreation Center ☐ Kinningham Park Grade _____
Child's Address _____ City _____ Zip _____
Home Phone # _____ Parent/Guardian's Day Phone # _____
Child's Date of Birth _____ Parent/ Guardian's Email Address _____
Name of Parent/Guardian responsible for payment _____ Phone # _____

**(Parent(s) responsible for payment are the only person(s) allowed to make changes to the child's registration form.)

Address _____ City _____ Zip _____

Local Person to call in case of emergency if parent/guardian cannot be reached:

Name _____ Phone # _____

I hereby authorize the camp staff to allow my child to leave the camp ONLY with the following persons:

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

MEDICAL INFORMATION: In the event of an emergency and a parent/ guardian is not available, your designated physician, hospital or clinic will be contacted for emergency management/transportation.

Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's registration and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-to-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

List any special problems that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information that the staff should be aware: _____

Treatment to be given: _____

Parent's/Guardian Acknowledgements

- **Permission for Transportation:** I grant camp staff to transport my child to and from the camp site for field trips and other planned events. I understand that reasonable precautions will be taken to insure the safety and health of my child.
- **Medical Waiver:** In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the camp staff to make arrangements to transport my child to the nearest hospital/emergency medical facility and secure any and all necessary medical care for my child. I give consent for necessary emergency treatment when my child is in the care of my designated physician, hospital or clinic.
- **Waiver:** I waive liability of personal harm arising out of my participation in PARD programs and accept responsibility for it.
- **Waiver for Photo Release:** I give my consent for any photos taken of my child involved in PARD programs to be used for PARD promotions or display.
- **Refund /Cancellation Policy:** Refunds requested 14 calendar days or more from the event start date will receive a 100% refund less a \$25 administrative fee. Program refunds requested 14 calendar days or less from the start date will forfeit all fees. All withdrawals must be submitted in writing.

Parent/ Guardian Signature

Date

Please complete and return the form above by either: emailing to mselvera@round-rock.tx.us, faxing to (512) 341-3395, or dropping off at the Clay Madsen Recreation Center 1600 Gattis School Road Round Rock, TX 78664